

**BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250
SACRAMENTO, CA 95815-3832
TELEPHONE: (916) 263-3680
FACSIMILE: (916) 263-3672
WEB ADDRESS: <http://www.dca.ca.gov/cba>



ADDRESS CHANGE FORM

For Licensees

1. A signature is required on the address change form; then mail or fax the form to the Board at the address or fax number below:

California Board of Accountancy
2000 Evergreen, Suite 250
Sacramento, CA 95815-3832
Fax: (916) 263-3675

2. The Board sends all official correspondence to the licensee's address of record. The address of record may be your primary place of employment or your residence. **The address of record is public information** pursuant to California Code of Regulations Title 16, Division 1, Article 1, Section 3, Notification of Change of Address, and the California Public Records Act.
3. A licensee may use a post office box as an "Address of Record". **However, if the address of record is a post office box or mail drop, the address change form must include on the "Other Address" line, the street address of either the licensee's primary place of employment or residence.** This "Other Address" will not be posted on the Web License Lookup.

ADDRESS CHANGE FORM

A separate change of address form must be submitted for each license type.

Please Print

Reset

Name of Licensee Individual (CPA/PA) - Lic. No. _____

Last	First	Middle

Name of Firm ☐ Corporation ☐ Partnership ☐ Fictitious Name License No. _____

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Firm Name

Address of Record

Be advised that your address of record is public information, and all Board correspondence will be sent to this address.

☐ Home ☐ Business (check one)

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Business Name (if different from name above)

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Street ☐ Apt. # ☐ Suite # (check one)

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City State Zip

Other Address

Provide a street address if your address of record is a mail drop or a Post Office Box. This address will not be posted on the Web License Lookup.

☐ Home ☐ Business (check one)

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Street ☐ Apt. # ☐ Suite # (check one)

--	--	--

City State Zip

Daytime Phone Number

-	-
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Area Code

Date of Birth

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Mo. Day Year

I certify the truth and accuracy of all of these statements and representations.

**Signature of Licensee,
Licensed Partner, or
Licensed Shareholder** _____

Date _____

Print your name _____

A licensee who fails to notify the California Board of Accountancy within 30 days of a change in his/her address of record may be subject to citation and fine (fines ranging from \$100-\$1000) under the California Code of Regulations, Title 16, Division 1, Sections 3 and 95.2.

The Board maintains a list of all licensees. This list is sold to requestors for mailing list purposes. Check here only if you do not want your name included on this list. ☐
Please Note: Your name and address of record is public information and can be accessed through our Web site at www.dca.ca.gov/cba.

Mail to: California Board of Accountancy, 2000 Evergreen Street, Suite 250, Sacramento, CA 95815-3832

FAX to: (916) 263-3675